



DECLARATION FOR UTILITY OR DESIGN

PATENT APPLICATION

☐ Declaration Submitted with Initial Filing

Declaration Submitted after Initial Filing

Attorney Docket No.: 2833.93

Charles W. Bishop et al. First Named Inventor:

COMPLETE IF KNOWN

Application Number: Filing Date:

Group Art Unit:

09/086,969 May 29, 1998

Examiner Name:

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

24-HYDROXYVITAMIN D, ANALOGS AND USES THEREOF

the specification of which

- is attached hereto
- as United States Application Number <u>09/086,969</u> or PCT International Application was filed on May 29, 1998 Number $\underline{\hspace{1.5cm}}$ n/a $\underline{\hspace{1.5cm}}$ and was amended on $\underline{\hspace{1.5cm}}$ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy YES	Copy Attached? NO	
				0		
		!				

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)		Filing Date (MM/DD/YYYY)				
	·					
		·				
ł		i e				





DECLARATION--Utility or Design Patent Application

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
08/907,659		August 8, 1997	
·			

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Name	Registration Number
Teresa J. Welch	33,049
Grady J. Frenchick	29,018
Margaret M. Liss	34,862
Karen B. King	P-41898

Direct all correspondence to:

Teresa J. Welch Stroud, Stroud, Willink, Thompson & Howard 25 West Main Street, Suite 300 P.O. Box 2236 Madison, WI 53701-2236

United States of America Telephone: (608)257-2281 Fax: (608)257-7643

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: Given Name (first and middle [if any]) Charles W.					 A petition has been filed for this unsigned inventor 					
					Family Name or Surname Bishop					
Invento Signatu	or's	Malute	B. Ly	つ	6	/14/98 Date	Jun	c 12,1	99S	
Residence (City) Madison		State	WI	Coun	try	US	Citizenship	us		
Post O	ffice Addre	ss 5 LaPointe Terra	ce							
Post O	ffice Addre	ss								
City Madison		State	WI	Zip	537	119	Country	US		



AD ITIONAL INVENTOR(S) Supplemental Sheet Page 11 of 1

lame of Additional Joint Inventor, if any:										
Given Name (first and middle (if any))			Family Name or Surname							
Joyce C.					Knutson					
Inventor's ye C. Lut					Date	Jene	11, 1998	,		
Residence (City) / M	adison	State	WI	Cour	itry	us	Citizenship	us	
Post Office Address 24 North Prospect Avenue										
Post Office	Post Office Address									
City Mad	City Madison State V			WI	Zip	537	05	Country	υs	
Name of Add	Name of Additional Joint Inventor, if any:								ned inventor	
		ne (first and middle [if any])			Fan	nily Na	me or Surr	name		
		Stephen				S	trugnell			
Inventor's Signature	\$	gh striggell	-,-		Date Due 11, 1998					
Residence (City) N	ladison	State	wı	Cou	ntry	US	Citizenship	CA	
Post Office	Address	2622 Dahle Street								
Post Office	Address									
City Madison State			WI	Zip	53704 Country US					
Name of Add	litional Joi	nt Inventor, if any:			A peti	tion ha	s been filed	for this unsig	ned invento	
	Given Nan	ne (first and middle (if any))			Far	nily Na	me or Sur	name		
Inventor's Signature						Date				
Residence ((City)		State		Cou	ntry		Citizenship		
Post Office					*					
Post Office	Address		*· 							
City			State		Zip			Country		
	litional lo	nt Inventor if any:			A net	tion ba	s been filed	for this unsig	ned invento	
Name of Additional Joint Inventor, if any: Given Name (first and middle [if any])				☐ A petition has been filed for this unsigned invent Family Name or Surname						
Inventor's Signature						Date				
Residence (City) State			<u> </u>	Cou	intry]	Citizenship			
Post Office	Address									
Post Office	Address									
City			State		Zip			Country		